

RECEIVED CENTRAL FAX CENTER

www.farjami.com

JAN 0 3 2005

26522 La Alameda Avenue, Suite 360 Mission Viejo, California 92691

tel: (949) 282-1000 fax: (949) 282-1002

FACSIMILE TRANSMISSION COVER SHEET

Date:

January 3, 2005

To:

United States Patent and Trademark Office

Examiner: Wojciechowicz, Edward J.; Art Unit: 2815

Fax:

(703) 872-9306

Re:

Application Serial No.: 09/904,042

Filing Date: 7/11/2001; First Named Inventor: Han, K. Michael

Attorney Docket No.: 0180129

From:

Farjami & Farjami LLP

Number of pages including the cover sheet: 17

Message:

Enclosed please find the Amendment and Response to the Non-Final Office Action dated October 7, 2004.

Thank you.

The documents accompanying this facsimile contain PRIVILEGED AND CONFIDENTIAL information intended only for use of the individual or entity named above. If you are not the intended recipient, disclosure, copying, distribution or use of the contents of this facsimile information is prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via U.S. Postal Service. We will reimburse you for all expenses incurred.

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Han, K. Michael						
SERIAL NO.: 09/904,042 FILED: July 11, 2001	A STATE OF THE STA					
FOR: Recessed Tunnel Oxide Profile for Improved Reliabili	ty in NAND Devices					
rok. Recessed Turnier Oxide Frome for improved Remain	ty III NAIND Devices					
HONORABLE COMMISSIONER FOR PATENTS						
P.O. Box 1450, Alexandria, VA 22313-1450						
Sir/Madam:			,			
Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.						
No additional fee is required.						
☐ The fee has been calculated as shown below:						
□ EXTENSION FEE RATE Non-Small Entity RATE Small-Entity FEE						
FIRST MONTH AFTER TIME PERIOD SET 120.00 60.00 \$						
SECOND MONTH AFTER TIME PERIOD SET 450.00 \$						
THIRD MONTH AFTER TIME PERIOD SET 1,020.00 510.00 \$						
FOURTH MONTH AFTER TIME PERIOD SET 1,590.00 795.00 \$						

U	TOTAL	EXTE	NSION	FEE \$	<u>0.00</u>
---	-------	------	-------	--------	-------------

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	10	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of	f multiple depend	lent claim		+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

	Total fee for Supplemental Information Disclosure Statement \$			
	Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).			
	Please charge Deposit Account	No. 50-0731 in the amount of \$		
×	The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.			
Date:	1/3/05	By: Michael Farjami, Reg. No. 38,135		
Farjami 26522 L Mission Telepho	Farjami, Esq. & Farjami LLP a Alameda Ave., Suite 360 Viejo, CA 92691 ne: (949) 282-1000 e: (949) 282-1002	CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful. 1/3/c5 Date Light L. Later Name of Person Performing Facsimile Transmission		
		CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:		
		Date		
		Signature		
		Typed or Printed Name of Person Mailing Paper and/or Fee		

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Han, K. Michael					
SERIAL NO.: 09/904,042 FILED: July 11, 2001					
FOR: Recessed Tunnel Oxide Profile for Improved Reliabili	ity in NAND Devices				
HONORABLE COMMISSIONER FOR PATENTS P.O. Box 1450, Alexandria, VA 22313-1450					
Sir/Madam:					
Transmitted herewith is a paper in the above-identified applic paper is hereby requested.	eation. Any necessary e	extension of time perio	od set for this		
☑ No additional fee is required.					
☐ The fee has been calculated as shown below:					
□ EXTENSION FEE RATE Non-Small Entity RATE Small-Entity FEE					
FIRST MONTH AFTER TIME PERIOD SET 120.00 60.00 \$					
SECOND MONTH AFTER TIME PERIOD SET 450.00 \$					
THIRD MONTH AFTER TIME PERIOD SET 1,020.00 \$ 510.00 \$					

☐ TOTAL EXTENSION FEE \$ 0.00

FOURTH MONTH AFTER TIME PERIOD SET

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	10	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of	multiple depend	lent claim		+ 360	+ 180	\$

1,590.00

795.00

\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

☐ Total fee for Supplemental I	nformation Disclosure Statement \$				
☐ Enclosed is the total fee of \$	Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).				
☐ Please charge Deposit Accord	unt No. 50-0731 in the amount of \$				
The Commissioner is hereby communication, or credit an enclosed.	y authorized to charge payment of any additional fees associated with this y overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is				
Date: 1/3/05	By: Michael Farjami, Reg. No. 38,135				
Michael Farjami, Esq. Parjami & Farjami LLP 26522 La Alameda Ave., Suite 360 Mission Viejo, CA 92691 Pelephone: (949) 282-1000 Pacsimile: (949) 282-1002	CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.				
	CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:				
	Signature				
	Typed or Printed Name of Person Mailing Paper and/or Fee				